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MEDICAID MEMO

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Update on Administrative Processes with the Implementation of the Behavioral Health Services Administrator (BHSA) — Magellan of Virginia effective Dec 1, 2013 — REVISED

This memorandum **(which supersedes the memo entitled "Update on Administrative Processes with the Implementation of the Behavioral Health Services Administrator (BHSA) — Magellan of Virginia effective Dec 1, 2013", dated October 29, 2013)** serves as a ***REVISION to the previous memo with regard to the Provider Network Enrollment and Management section. The revised information is highlighted below on page 3.***

NOTE: This Medicaid Memorandum, which is currently posted online, modifies a sentence in the Medicaid Memorandum mailed to providers. This text change in the online Medicaid Memorandum provides a clarification concerning Providers who currently bill DMAS for behavioral health and medical services. Providers should rely upon this Memorandum, as posted online, as the Agency's formal guidance.

The purpose of this memorandum is to reiterate the information provided in Medicaid Memos dated July 2, 2013 and August 28, 2013 that effective December 1, 2013, Magellan of Virginia ("Magellan") will assume the role of behavioral health services administrator. Magellan will provide authorization, provider enrollment and claims payment for Medicaid and FAMIS fee-for-service behavioral health benefits.

Providers may refer to the Medicaid Memos dated July 2, 2013 and August 28, 2013 at https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/MedicaidMemostoProviders for additional details regarding the services and processes that will be transitioned to Magellan.

Providers of the covered services listed in this memo must credential and contract with Magellan in order to continue to receive Medicaid reimbursement for services provided on dates of service December 1, 2013 and thereafter. **If you have not received a credentialing/contracting packet from Magellan, please contact the Magellan of Virginia Provider HelpLine at 1-800-424-4536 immediately!** Providers MUST return the completed Provider Participation Agreement that was sent to you by Magellan or the Medicaid Participation Agreement Addendum or the Medicaid Participation Agreement Addendum available at www.magellanofvirginia.com. **Providers who do not submit either document by November 30, 2013, will not be reimbursed for services beginning 12/1/13.**

If you are a provider that will not request reimbursement from Virginia Medicaid for the behavioral health services that will be contracted with Magellan, these changes do not apply to you. For example, if you are a provider of developmental services who does not bill for behavioral health services, these changes do not impact you as a provider.

This memo will outline the following new administrative processes:

- call center,
- provider enrollments
- service authorizations,
- care coordination,
- claim submission,
- audits and
- appeals.

Included Services

The Behavioral Health Services that will be included in the Magellan contract are:

• Treatment Foster Care Case Management
• Residential Treatment (Levels A, B & C)
• Substance Abuse Services
• Inpatient and Outpatient Psychiatric and Substance Abuse Treatment Services (such as medication management, and individual, family and group therapies) for non-MCO enrolled members.

• EPSDT Behavioral Therapy Services (ABA)
• Community Mental Health Rehabilitative Services (CMHRS) (such as Intensive In-Home, Therapeutic Day Treatment, and Mental Health Supports for children and adults)
• Mental Health and Substance Abuse Case Management

A complete list of covered services can be found on the DMAS website at http://www.dmas.virginia.gov/Content_pgs/obh-home.aspx .

Excluded Services from Magellan

Inpatient and outpatient psychiatric services for members enrolled in a Managed Care Organization (MCO) are excluded from the Magellan contract. Individuals enrolled in MCOs should contact their MCO for these services. Individuals enrolled in the Commonwealth Coordinated Care (CCC) Program beginning in early 2014 (referred to as the Medicare-Medicaid Financial Alignment Demonstration) will receive their behavioral health services through that program and not through the Magellan contract, with the exception of mental health and substance abuse case management.

Magellan of Virginia Call Center

The Magellan of Virginia Call Center will have a centralized contact number **(1-800-424-4046**) for Medicaid/FAMIS members and providers starting on December 1, 2013. The Call Center will be located in Virginia and be available 24 hours a day, 365 days a year. Staff will include bilingual/multi-cultural representatives who speak English and Spanish. Interpreter services, TDD/TTY and relay services will be available for individuals with a hearing impairment. The TDD number is 1-800-424-4048.

All calls related to the fee for service behavioral health services should go to the Magellan of Virginia Call Center. Magellan staff will be able to assist callers with:

- service authorizations,
- clinical reviews,
- member eligibility status,
- referrals for services,

- provider network status,
- claims resolution, and
- grievances and complaints.

Call Center representatives will answer questions or will direct calls to the appropriate department.

Provider Network Enrollment and Management

DMAS will transition basic current DMAS provider enrollment information to Magellan of Virginia. However, all Medicaid fee for service behavioral health providers must be credentialed by Magellan and sign the Magellan contract and documents in order to participate in the Virginia Medicaid behavioral health network. Continued care by a provider not credentialed and contracted with Magellan will not be reimbursed for dates of service rendered on or after December 1, 2013.

Magellan of Virginia will be implementing the new provider enrollment and screening processes based on the regulations published by the Centers for Medicare and Medicaid Services (CMS). For more details, please see the Medicaid Memo dated July 13, 2013, titled "Implementation of the CMS - Affordable Care Act Provider Enrollment and Screening".

All contracted Magellan providers will be required to adhere to the processes and standards as outlined in the Magellan Provider Manual approved by DMAS. The Magellan Provider Manual will be available online to providers at the Magellan of Virginia website. DMAS regulations and manuals will remain in effect as well.

In August 2013, Magellan mailed provider credentialing and required contracting documents to all behavioral health providers currently enrolled with the Department of Medical Assistance Services (DMAS). All credentialing applications must be fully completed and requested documentation attached for the application to be processed. It is important that providers and practitioners complete and return those documents as soon

as possible. If you have questions about the required documents, either the contract or credentialing requirements, Magellan is available to assist providers and answer questions. A webinar detailing credentialing information has also been posted on the Magellan website at http://www.magellanofvirginia.com.

Providers who choose not to enroll with Magellan, but who are currently providing behavioral health services to Medicaid/FAMIS fee-for-service members, should assist the member in properly transitioning to another Medicaid provider if continued care is needed. Continued care by a provider not credentialed and contracted with Magellan for a service covered under the Magellan contract will not be reimbursed for dates of service rendered on or after December 1, 2013.

Actively enrolled Virginia Medicaid providers who bill for DMAS reimbursed medical services will continue their enrollment with DMAS (**no further action is required**). Continued enrollment with DMAS is required to provide all medical services, even if rendered by a behavioral health provider for claims to be reimbursed by DMAS.

Confirming Medicaid Eligibility for Members through Magellan

It is the obligation of the provider to determine the individual's current Medicaid/FAMIS eligibility status. DMAS recommends that providers confirm Medicaid eligibility each time a service is delivered. After December 1, 2013, providers will need to verify member eligibility through Magellan. Online search via the Magellan website (http://www.magellanofvirginia.com) and verification options will be provided as well as live assistance through the toll-free Magellan Call Center.

Virginia Medicaid Web Portals

Due to the behavioral health network agreements transitioning to Magellan, Medicaid fee-for-service behavioral health providers will no longer have access to the Virginia Medicaid Web Portal. Various options to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advices will be accessible through Magellan MediCall audio response system will also no longer be accessible to behavioral health providers for dates of service on or after December 1, 2013. Only providers who continue to have a

provider file for medical services that is maintained by DMAS (as noted above under Provider Enrollment) will continue to have access to these services. .

Service Authorizations

Effective December 1, 2013, service authorization requests for non-MCO covered behavioral health services will be reviewed by Magellan of Virginia. Providers may contact Magellan by phone, fax, or online (preferred methodology) to request service authorizations. To expedite reviews, Magellan offers providers Magellan CaseLogix, Service Request Applications (SRA) and Treatment Request Forms (TRF) as means to submit service authorization requests. Magellan of Virginia will provide training regarding these forms prior to December 1 and will provide technical assistance to providers on an ongoing basis. Providers may call 1-800-424-4536 with questions or email VAProviderQuestions@MagellanHealth.com.

Service Authorization requests are reviewed by Magellan Care Managers who are licensed behavioral health clinicians. Any Service Authorization requests that the Care Manager determines to not meet medical necessity criteria will be referred to psychiatrists for review; only psychiatrists will issue a denial if criteria is not met. Care Managers will approve Service Authorization timeframes based on the clinical needs of the member. Authorization periods will vary depending on the available clinical information as well as the number of reviews conducted to obtain progress updates and identify any additional needs for a member.

Information requested on the SRA and TRF documents will differ from the forms currently used by KePRO. Providers should expect form changes; there are no changes in medical necessity criteria and service limits. The form changes will assist providers completing medical record documentation requirements and will outline medical necessity criteria and care coordination. If service or clinical elements are missing, a Magellan Care Manager will reach out to the requesting provider to request the missing information. Personalized provider assistance will be made available to providers in order to promote compliance with requirements.

Care Managers may contact the provider seeking additional information, to discuss services options, to discuss service limitations, and offer consultation about best practices. For example, a Care Manager may contact the provider to jointly review the Service Authorization request and determine the individualized needs of the member. Once the concerns are addressed, the Care Manager will continue to process the Service Authorization request.

Providers will access Service Authorization information, including status, via Magellan's website or Call Center.

Service Authorizations Transitions from KePRO to Magellan

The service authorizations that have already been approved by KePRO and are in place at the time of transition will be honored by Magellan. DMAS will supply Magellan all open authorizations prior to the December 1, 2013 implementation date. For members who have a current service authorization authorizing services until December 7, 2013 but will continue to need services, providers are to submit their request to KePRO. For members who have a current authorization ending December 8, 2013 or later and continue to need services, providers should submit the request to Magellan on or after December 1, 2013. Magellan Care Managers will review new service authorizations and re-authorizations for dates of service beginning on or after December 1, 2013.

Service Registration

Any included covered behavioral health (mental health or substance abuse) service that does not require a Service Authorization must be registered with Magellan of Virginia. This registration is a means of notifying Magellan that an individual will be receiving behavioral health services, avoiding duplication of services and ensuring informed care coordination. Providers should register the start of any new service within two (2) business days of the service start date. A list of services requiring registration is available on the DMAS website at http://www.dmas.virginia.gov/Content_pgs/obh-home.aspx under Behavioral Health Services Administrator.

Registration may occur electronically, by phone or fax. Required elements to provide Magellan include: (i) the individual's name and Medicaid/FAMIS identification number; (ii) the specific service to be provided, the relevant procedure code, begin date of the service, and the amount of the service that will be provided; and (iii) the provider's name and NPI, a provider contact name and phone number, and email address.

Claim payments will be delayed if the registration is not completed.

Care Coordination

DMAS and Magellan of Virginia agree that care coordination has two (2) main goals: 1) to improve the health and wellness of individuals with complex and special needs; and 2) to integrate services around the needs of the individual at the local level by working collaboratively with all partners, including the individual, family and providers. Examples when Magellan may provide care coordination to assist individuals and families include:

- Ambulatory follow-up and discharge planning (including follow-up appointments) for all individuals in inpatient and/or residential settings under their management.
- An MCO liaison at Magellan will work with MCOs to develop strategies for identification of individuals with co-morbid behavioral health and medical needs and facilitate referrals into respective systems of care.
- Care coordination with Primary Care Physicians (PCPs).

VICAP

As of December 1, 2013, the program currently called the Independent Clinical Assessment Program (VICAP) will be managed by Magellan. The CSBs will continue to conduct the VICAPs for children through June 30, 2014. Currently, upon completion of the VICAP assessment, members are provided a list of Medicaid providers. Magellan will make available resources to locate a Medicaid provider via their website (http://www.magellanofvirginia.com) as well as personalized assistance through its call center.

Claims

Providers should submit claims to Magellan of Virginia for behavioral health services provided on or after December 1, 2013. Electronic claim submission is the preferred method of submitting a claim. Magellan offers electronic options for you to consider based on your billing needs. They include: Claims Courier - Magellan's Web Option, direct submission to Magellan, or using a clearinghouse. Magellan of Virginia will provide further information to providers regarding use of these options prior to December 1, 2013. Magellan will also provide technical assistance on an ongoing basis.

After December 1, 2013, Magellan will notify DMAS of the claim amounts submitted by providers and DMAS must have time to draw federal funds to pay the claim totals. This additional step will impact the timing of the claim/remit cycle. As of December 1, 2013, providers should expect a delay of one week in their initial reimbursement payment cycle and should begin preparing now for accounting adjustments.

Quality Reviews and Audits

Magellan will conduct record reviews as part of its Quality Program. As needed, Magellan will help identify areas of improvement, and in some instances, corrective action plans may be required. Magellan will work with the provider and provide education and support as necessary to improve performance.

The Magellan Quality Program and Care Managers will also perform the following activities with providers:

- Confirm treatment is evidence-based and effective.
- Implement quality driven strategies to provide an individual-centered, recovery- and resiliency-oriented, evidence-based behavioral health care model. These strategies include several options, such as telephone calls, trainings and on-site quality reviews.
- Promote that individuals receive safe and appropriate treatment in the least-restrictive setting for their level of assessed risk.

Audits will continue to be conducted by DMAS and DMAS contractors. There will be collaboration and communication between the auditors and the quality management staff of Magellan to assist with the monitoring of and development of an effective, efficient, cost beneficial service delivery system.

Appeals – Provider and Member

Providers will continue to have the right to appeal any adverse decision. If a provider disagrees with an adverse decision issued by Magellan, a provider may request a re-review to Magellan, which may sometimes be referenced as reconsideration. A physician, different from the initial reviewer, will review the request again, requesting any additional information from the provider to support the initial request for service. If the

provider seeks to appeal the second reviewer's decision in whole or part, , the provider may request an appeal through DMAS. Providers must have had two physician reviews by Magellan prior to submitting an appeal to DMAS. The Magellan re-review decision is a pre-requisite to filing a provider appeal with DMAS.

Members will continue to have the right to appeal any adverse action to Magellan or directly to DMAS. They may request a re-review with Magellan, although this step is not required prior to appealing to DMAS.

Licensing Policies and Program Oversight

Magellan of Virginia is not changing the current behavioral health services and licensing requirements offered through Virginia Medicaid and FAMIS. The Department of Behavioral Health and Developmental Services (DBHDS) will continue to maintain oversight of staffing and supervision requirements, as outlined in DBHDS Licensing Regulations for these services. DMAS will have oversight of Magellan and provision of the contracted services.

Mental Health Support Services

New regulations pertaining to Mental Health Support Services have been approved that outline new service eligibility criteria and reimbursement guidelines. Changes outlined in these new regulations will be posted on the DMAS website as of November 1, 2013 and will be implemented on December 1, 2013 with the Magellan contract. Further details regarding these changes will be communicated in a separate Medicaid

Memo. Provider webinar training will be available in November; dates and times will be posted on the DMAS and Magellan websites.

Magellan Website

To help communicate information and activities in preparation for the December 1, 2013 implementation date, the Magellan of Virginia website has been launched. This website offers information to members and providers regarding behavioral health services that will be administered by Magellan as well as information regarding upcoming events i.e.

webinars, forums offered by Magellan. Frequently asked questions pertaining to the BHSA contract will also be posted and updated routinely. Providers are encouraged to visit the new website at http://www.magellanofvirginia.com. DMAS will also maintain its behavioral health webpage (http://www.dmas.virginia.gov/Content_pgs/obh-home.aspx) to provide updates regarding the Magellan contract as needed.

For further assistance or questions, providers may contact Magellan directly at 1-800-424-4536 or VAProviderQuestions@MagellanHealth.com. Providers may also contact DMAS at BHSA@dmas.virginia.gov.